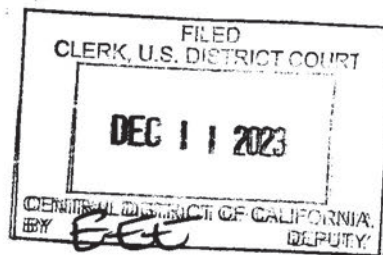


Korrell Santana Cole  
 FULL NAME  
Korrell Cole  
 COMMITTED NAME (if different)  
441 Bowchert Street  
 FULL ADDRESS INCLUDING NAME OF INSTITUTION  
Los Angeles, CA 90012  
 PRISON NUMBER (if applicable)  
6397706



UNITED STATES DISTRICT COURT  
 CENTRAL DISTRICT OF CALIFORNIA

Korrell Santana Cole  
 PLAINTIFF,  
 v.  
Dep. Palencia, County of Los Angeles  
et, al.  
 DEFENDANT(S)

CASE NUMBER 2:23-cv-10392-SB-PD

To be supplied by the Clerk

DEMAND FOR TRIAL BY JURY

CIVIL RIGHTS COMPLAINT Rule 38(b)  
 PURSUANT TO (Check one)

- ☒ 42 U.S.C. § 1983  
☐ Bivens v. Six Unknown Agents 403 U.S. 388 (1971)

A. PREVIOUS LAWSUITS

1. Have you brought any other lawsuits in a federal court while a prisoner: ☒ Yes ☐ No  
 2. If your answer to "1." is yes, how many? N/A

Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on an attached piece of paper using the same outline.)

a. Parties to this previous lawsuit:

Plaintiff

N/A

Defendants

b. Court

c. Docket or case number

d. Name of judge to whom case was assigned

e. Disposition (For example: Was the case dismissed? If so, what was the basis for dismissal? Was it appealed? Is it still pending?)

f. Issues raised:

g. Approximate date of filing lawsuit:

h. Approximate date of disposition

N/A (Not available).

**B. EXHAUSTION OF ADMINISTRATIVE REMEDIES**

1. Is there a grievance procedure available at the institution where the events relating to your current complaint occurred? ☒ Yes ☐ No Grievance Process is unavailable & futile. Staff ignore grievances & threatened to retaliate for filing them.
2. Have you filed a grievance concerning the facts relating to your current complaint? ☒ Yes ☐ No

If your answer is no, explain why not

Plaintiff has filed grievances but defendants refuse to respond to grievances or properly process and investigate grievances. Plaintiff has copies of complaints filed and grievances were filed on video camera.

3. Is the grievance procedure completed? ☒ Yes ☐ No

With respect to Staff Misconduct, After Plaintiff requested responses to his grievances, he has ongoingly been subjected to repeated threats of retaliation and violence against Plaintiff and his relatives for filing grievances.

If your answer is no, explain why not

4. Please attach copies of papers related to the grievance procedure. (SEE EXHIBIT A.)

**C. JURISDICTION**

This complaint alleges that the civil rights of plaintiff

Korrell Santana Cole  
(print plaintiff's name)

who presently resides at

441 Bauchet Street, Los Angeles, California  
(mailing address or place of confinement)

were violated by the actions of the defendant(s) named below, which actions were directed against plaintiff at

Los Angeles County Men's Central Jail, Los Angeles, CA.  
(institution/city where violation occurred)



1. Defendant Los Angeles County resides or works at  
(full name of first defendant)  
Los Angeles County  
(full address of first defendant)  
County of Los Angeles  
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:

Defendant County is a Corporation within the  
State of California, and at all relevant times employed  
defendants.

2. Defendant DEP. PALENCIA resides or works at

(full name of first defendant)

Work's Module 3700 at 441 Bauchet Street, Los  
Angeles, CA 90012  
(full address of first defendant)

Deputy Tiler  
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:

Deputy assigned to the Men's Central Jail of Los Angeles County  
acting in capacity as agent, employee of def. County of LA.

3. Defendant Robert Luna resides or works at \_\_\_\_\_  
(full name of first defendant)

\_\_\_\_\_  
(full address of first defendant)

Sheriff of Los Angeles County  
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☐ official capacity.

Explain how this defendant was acting under color of law:

Luna is legally responsible for the overall operation of the department and each institution under its jurisdiction.

4. Defendant Watch Commander JOHN DOE #1 resides or works at \_\_\_\_\_  
(full name of first defendant)

441 Bauchet Street, Los Angeles, CA 90012  
(full address of first defendant)

Tailer Lieutenant over Module 3700 "EM" Shift.  
(defendant's position and title, if any) Tail division

The defendant is sued in his/her (Check one or both): ☒ individual ☐ official capacity.

Explain how this defendant was acting under color of law:

Commanding officer of defendants responsible for the training, supervision, and conduct of deputies in jail.



5. ● Defendant Dep. PINEDA resides or works at  
(full name of first defendant)  
WORKS Module 3700 at 441 Bauchet St., Los Angeles, CA.  
(full address of first defendant) 90012  
I.O. Deputy Tailer  
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:

Training officer assigned to the Men's Central Jail in L.A. County, acting in Capacity as employee of defendant County.

6. ● Defendant Dep. PALACTOS resides or works at  
(full name of first defendant)  
WORKS Module 3700 at 441 Bauchet St., Los Angeles, CA.  
(full address of first defendant) 90012  
I.O. Deputy Tailer  
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:

Training officer assigned to the Men's Central Jail in L.A. County, acting in Capacity as employee of defendant County.

7. Sergeant STELTER #418 #53134  
WORKS Module 3700, 441 Bauchet St., Los Angeles, CA.  
 90012.  
Sergeant, employee of defendant County.  
Sued in his individual & official Capacity

5.

# Introductory Statement

2. This is a Civil action for damages sustained by a detained citizen against deputies of the Los Angeles County Sheriff's Department, who unlawfully used excessive force against him and assaulted, battered, harassed and retaliated against him for utilizing the complaint process. This action is against the Los Angeles County Sheriff, as the Supervisory officer responsible for the conduct of defendants and for his failure to take corrective action with respect to Sheriff personnel whose vicious propensities were notorious, to assure proper training and supervision of the personnel, or to implement meaningful procedures to discourage lawless official conduct, and against the County of Los Angeles as the employer of the Sheriff personnel, which is sued as a person under 42 U.S.C. § 1983.

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

2. This action is brought pursuant to 42 U.S.C. § 1983 and 1988 and the First Amendment, Fifth, eighth, and fourteenth Amendment to the Constitution of the United States.

Plaintiff Korrell Santana Cole is a pretrial detainee in the custody of the Los Angeles County Sheriff's Department. He is currently confined in the Los Angeles County Men's Jail, in Los Angeles, California.

\*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

6.



7.

FACTS

3. At approximately 10:10pm, on September 14, 2023 at the Los Angeles County Men's Jail on 441 Bauquet Street, Los Angeles, Plaintiff was escorted by Defendant PALENCIA from the library in Module 1750 to Module 3700 - Denver row.
4. After arriving to 3700 - Denver row, Plaintiff changed the channel on the T.V. then asked Defendant PALENCIA if he could get his previously authorized daily shower and grievances.
5. Defendant PALENCIA suddenly became aggressive and approached Plaintiff in a physically threatening manner and mumbled something to the effect of "Keep filing grievances and I'll call and see what happens to you."
6. Then Defendant PALENCIA ordered Plaintiff to turn around to be handcuffed. Plaintiff complied without any resistance.
7. Defendant PALENCIA placed handcuffs on Plaintiff wrists then maliciously adjusted the cuffs around his wrists excessively tight causing Plaintiff to suffer from extreme pain, discomfort and cut off circulation.



8.

8. Plaintiff Complained that the Cuffs were too tight. Defendant PALENCIA ignored him.
9. Defendant PALENCIA took hold of Plaintiff's arm from behind and escorted Plaintiff down a passageway and to the top of a Steep, Wet, Unlit Stairwell.
10. Unprovoked and without warning, Defendant PALENCIA maliciously Wrenched Plaintiff's restrained arm and forcibly heaved him forward and intentionally Caused Plaintiff to lose his footing and Plunge headfirst down the Staircase.
11. Defendant PALENCIA did not make any effort towards helping prevent Plaintiff from falling down the Stairwell, and violated departmental policies and procedures.
12. Defendant PALENCIA and his partner Martinez, just stood at the top of the Stairwell for moments and laughed after he deliberately pushed the restrained Plaintiff down a flight of Stairs, nearly Killing Plaintiff via broken neck or deadly blow to the head. Then Defendant PALENCIA Struck Plaintiff in the Chest.



9.

13. Defendant PALENCIA and his partner Martinez stole Plaintiff's plastic bag of legal paperwork and never returned it.
14. After the deadly incident, Plaintiff was placed on a gurney by the Los Angeles Fire Department and rushed to the hospital in an ambulance.
15. Defendant PALENCIA'S use of excessive deadly force on the unresisting Plaintiff left Plaintiff hospitalized, wearing a neck brace, and temporarily paralyzed from the waist down.
16. Upon information and belief, Defendants Training officers PINEDA and PALACIOS of Module 3700 are directly responsible for failing to properly train trainee PALENCIA, who is now the Star Defendant. PINEDA and PALACIOS may be named John Does hereinafter due to being unsure of true names.
17. On 9/16/2023, at 3700 - Denver row grievance receptacle at approximately 9:28 AM, Plaintiff filed grievances against Defendant PALENCIA for retaliation, excessive force and racially motivated mistreatment in full view of Surveillance Video Cameras. Plaintiff never received a response to his grievances. (see Exhibit A).



#10.  
10.

18. On 10/1/2023, Plaintiff filed an appeal for the Sheriff's failure to properly process and investigate his grievances against Staff Member PALENCIA, et al, within the 15 day time limit mandated on the grievance form. The appeal was also ignored by Jail Supervisors. Plaintiff grievances are regularly mishandled by Jail Supervisors.

### RETALIATION CLAIM

19. Over a timespan of about 8 Months, Plaintiff had previously filed Multiple personnel Complaints against Defendant PALENCIA for Staff misconduct and dereliction of duty, which Defendant PALENCIA had Personal Knowledge of. Defendant PALENCIA was embroiled in pending Complaints against him by Plaintiff and other detainees. (See Exhibit A).
20. On 9/10/23, 3000 floor Sergeant STELTER approached Plaintiff's Cell with Multiple written Complaints in his hand against Defendant PALENCIA for misconduct. Defendant STELTER only briefly questioned Plaintiff and other detainees about the grievances but STELTER never actually processed the Complaints, or provided us with a reference number so that we could track our grievance in the database. Including a grievance where Plaintiff expressed he feared for his safety of PALENCIA.



#11  
11.

21. To the best of Plaintiff's knowledge, none of the grievances he filed against Defendant PALENCIA ever did get properly processed and investigated. Yet, Defendant PALENCIA seemed to be well aware Plaintiff was complaining about his behavior.

22. On September 7<sup>th</sup>, Defendant PALENCIA approached Plaintiff in a physically threatening and menacing manner and threatened to deploy excessive force against Plaintiff's person exclaiming: "I'll cut you up then fuck you up." When Plaintiff responded: "What's wrong with you dude?" Defendant PALENCIA replied: "Nobody gives a fuck about your grievances. On google it said you're never going home anyway, you shot at a white officer idiot. See! BLACK LIVES DON'T

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

MATTER!", as he walked away, down the tier, apparently already aware of the grievances filed against him.

23. Plaintiff Cole, who is Black and Puerto Rican, was falsely charged, railroaded by a white ex-cop-turned-judge, and wrongfully convicted in Orange County (Case # 16WTF0220) of Attempted Murder on a police officer for reportedly firing a single warning shot away from white cops out of fear for his life after one cop threatened to shoot him. Plaintiff was sentenced to 39 years to life in prison in 2022. He is currently detained in Los Angeles County Jail on unrelated non-violent charges as a pretrial detainee.

24. The incident in paragraph 22 made Plaintiff afraid to continue filing grievances and had a chilling effect on the exercise

\*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.



12.

of Plaintiff's rights to petition the government for a redress of grievances, which is protected conduct. But filing grievances was Plaintiff's only way to document the fact that Defendant PALENCIA continued to engage in various retaliatory actions against Plaintiff as a result of him filing grievances.

25. So on September 9<sup>th</sup>, 23, Defendant PALENCIA maliciously deactivated Plaintiff's telephone account so he couldn't communicate with the outside world and his legal team, then ignored multiple detainees needing medical attention for hours and unleashed a profanity-laced tirade over the module loudspeaker, screaming: "3K Boys! We are the hardest gang here!", meaning "3000 Boys" a Sheriff's Deputy gang originating on the 3000 floor where this occurred. A grievance was filed. (see EXHIBIT A).

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

26. Defendant PALENCIA is a self-proclaimed deputy gang member who is supposedly part of a Sheriff's Deputy gang called the 3000 Boys.

27. Defendant STELTER reviewed all of these grievances on 9/10/2023, and failed to do anything to protect Plaintiff's safety whatsoever. Instead more retaliation ensued... STELTER could've prevented all of this but refused to take any action to prevent harm.

28. By having personal knowledge of Defendant PALENCIA's illegal actions, failing to correct that misconduct, and encouraging the continuation of the misconduct, Defendant STELTER is also violating Plaintiff's rights under eighth Amendment to the Constitution and causing

\*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.



13.

Plaintiff Cole Park suffering physical injury and emotional distress.

29. Plaintiff Cole is ongoingly being subjected to a retaliatory campaign of harassment by numerous 3000/1750 floor deputies (gang members and gang associates) who have repeatedly used threats, intimidation, lies and coercion to try to dissuade Plaintiff from prosecuting personnel complaints and civil actions, even going so far as to try to get Plaintiff to distort the truth and change his version of the events. This is witness tampering in violation of 18 U.S.C. Section 1512 (a)(1), since Plaintiff is already a Federal witness against the Los Angeles County Sheriff's Department in a pending case. The key participants of the campaign of retaliation

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

are including, but not limited to the following deputies, for the record, since without additional evidence Plaintiff cannot as of yet name some of those as defendants: Module 3700 deputies PAZ, Training officer PINEDA, PALENCIA, T.O. PALACIOS, T.O. BLAKE, Sergeant FERNANDEZ, Clara Shortridge Foltz Court House Sergeant M. Fernandez, Legal Unit Sergeant Michael Larson, Custody Assistant Donald Hinton, Sergeant STELTER, Sergeant Duck-Worth, Sergeant FLORES, Sergeant RICKEN, LT. GHUMAN, Custody Assistant Gutierrez, Sergeant Bueno-Cortez, Sergeant Miranda, Sergeant Cliver, 3700 T.O. Masuda, T.O. Hernandez, Downsett, Barrientos, Ibarra, C/A PINEDA, Deputy HERNANDEZ working on 9/14/23 at 11:00pm, Humberto Ramirez, Rondon, Mendez, Legal Unit Kennedy, Captain Walker, L-T Phillips, Romero, Serrato, Canacho, Rivero, Ferule Martinez, Zepeda Montoya, Olivares, 3300 Hernandez, Sergeant Estrada, Aldama, Johnson LEFEBRE, Salazar, other PAZ, Valle, Hord, all 3000 floor sergeants, RAMIREZ, etc

\*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

13(A).

Franco, Lim, ali, Barragan, Wright, Pedroza, Zepeda, Zamora,  
Giron, Harrington, Bouderos, Cisneros, Hennessey, Capa-  
cata, Sgt. Gutierrez, Garcia, 1750 Hernandez, et al, Depina,  
Sgt. Khalilov, Olvera, Nival, Sergeant working on 4/14/23 in 3100 with the  
last name beginning with the letter "C" either Clifford or Oliver,  
et al.

**Supporting Facts:** Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

*\*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.*



1A.

30. The actions described in Paragraphs 3 through 15 were committed by the defendants in full view of Surveillance video cameras.
31. After the aforementioned retaliatory use of force against Plaintiff, Defendant PALENZA on 9/15/23, maliciously and without true facts, went before a Sergeant of Los Angeles County Sheriff's Department, and charged Plaintiff with a false disciplinary action and wrote a false report claiming the incident was Plaintiff's fault, and not the Defendant's own fault.
32. The aforesaid disciplinary action was terminated in favor of Plaintiff with no discipline given by Sergeant

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

- RICKELL and CA GUTIERREZ on 9/16/2023, and the mental evaluation was also decided in favor of Plaintiff by Clinician BECERRA on 9/15/2023.
33. As a result of the misconduct hereinbefore described, Plaintiff experienced humiliation, emotional distress, pain and suffering, and was otherwise damaged. He was also severely physically injured as a result of conduct alleged in Paragraph 10 (Ten).
34. On information and belief, the abuse to which Plaintiff was subjected was consistent with an institutionalized practice of the Los Angeles County Sheriff's Department, which was known to, and ratified by Defendants

\*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.



15.

Los Angeles County Sheriff's Department and County, the Defendants having at no time taken any effective action to prevent L.A.S.D. personnel from continuing to engage in such misconduct.

35. On information and belief, Defendant and County had prior notice of the vicious propensities of Defendants and DOE, but took no steps to train them, correct their abuse of authority, or to discourage their unlawful use of authority. The failure to properly train Defendants and DOE included the failure to instruct them in applicable provisions of the California State Penal law and with proper and prudent use of force.

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

36. On information and belief, Defendants County and Los Angeles County Sheriff authorized, tolerated as institutionalized practices, and ratified the misconduct hereinbefore detailed by:

(A) Failure to properly discipline, restrict, and control employees, including Defendants PALENCTIA and JOHN DOE, known to be irresponsible in their dealings with citizens of the community;

(B) Failing to take adequate precautions in the hiring, promoting, and retention of police personnel, including specifically Defendants PALENCTIA and JOHN DOES;

\*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.



16.

(C) Failing to forward to the office of the District Attorney of Los Angeles County evidence of Criminal acts committed by Sheriff personnel;

(D) Failing to establish and/or assure the functioning of a bona fide and meaningful departmental system for dealing with complaints of Police Misconduct, but instead failing to respond to such complaints, or responding to such complaints with bureaucratic power and official denials calculated to mislead the public. This conduct constitutes gross negligence under State law.

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

37. AS a consequence of the abuse of authority detailed above, Plaintiff sustained the damages hereinbefore alleged.

38. Los Angeles County Deputies have repeatedly interfered with Plaintiff's civil rights by threats, intimidation and coercion against Plaintiff and his family members after he filed grievances and court documents against them. Plaintiff is in genuine fear for his life of Deputy gang members and their associates, who engage in deputy gang violence against arrestees.

39. Plaintiff has suffered irreparable harm and has no adequate remedy at law. Defendants will continue to engage in excessive uses of force unless enjoined from doing so in the future.

\*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.



## Federal Causes of Action

40. The allegations set forth in paragraphs 1-39 are incorporated herein by reference.

41. The hereinabove described actions and omissions, engaged in under Color of State authority by the defendants, including defendant County, Sued as a Person, responsible because of its authorization, condonation, and ratification thereof for the acts of its agents, deprived the Plaintiff of rights secured to him by the Constitution of the United States, including but not limited to, his First Amendment right to freedom of expression and petition for redress, his fifth and Fourteenth Amendment right to be provided Due Process of law including the right to be free from unjustified and excessive force utilized by Police.

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

and his eighth Amendment right to be free from cruel and unusual punishment.

## Pendent Causes of Action

42. The acts and conduct herein before alleged constitute assault and battery, abuse of process, prima facie tort, conspiracy tort, negligence, and gross negligence under the laws of the State of California. The Court has pendent jurisdiction to hear and adjudicate these claims under 28 U.S.C. Section 1367.

On or about 10/24/23, the Plaintiff presented to the Board of Supervisors of Los Angeles County by mailing a claim to the Clerk for the injuries, disability,

\*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.



18. #:19

losses, and damages suffered and incurred by Plaintiff by reason of the above-described occurrence, all in compliance with the requirements of Section 905 of the Government Code. A copy of the Claim is attached hereto as EXHIBIT D. ✓

43. On 12/7/23, Los Angeles Board of Supervisors rejected the Claim in its entirety, failed to take action on the Claim within the period of 45 days after its presentation, and the Claim was thus deemed rejected under the provisions of Section 912.4 of the Government Code, at the expiration of the 45-day period, to wit, on 12/7/23.

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

\*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.



19.

**E. REQUEST FOR RELIEF**

I believe that I am entitled to the following specific relief:

WHEREFORE, Plaintiff prays that this Court:

1. Enter a Preliminary and Permanent injunction restraining and enjoining Defendants from making any more threats against any person, or the relatives of any person who has been interviewed or has given a statement or testified as set forth above; and, order Defendants to take all reasonable steps to assure the safety of all detainees who have given statements in this action, and to cease any retaliatory action against them;
2. Award to Plaintiff Compensatory damages in an amount to be determined at trial, but not less than the amount of \$999,000.00, jointly and severally against Defendants for the matters alleged in this Complaint;
3. Award to Plaintiff Punitive Damages in an amount to be determined at trial against all Defendants except Defendant County;
4. Award reasonable costs and fees; Appoint Counsel;
5. Award/grant such other and further relief as this Court deems just and proper.

**VERIFICATION**

I, Korrell Cole, am the Plaintiff in the above-entitled action. I have read the foregoing Complaint and know the contents thereof. The same is true of my own knowledge, except as to those matters which are therein alleged on information and belief, and as to those matters, I believe <sup>(Date)</sup> them to be true. <sup>(Signature of Plaintiff)</sup>

I declare under the penalty of perjury that the foregoing is true and correct.

Date: 10/1/23

Korrell Santana Cole



EXHIBIT A.



KE. Retaliation, Excessive Force By TALENCIA

|  |   |   |   |   |               |
|--|---|---|---|---|---------------|
| REFERENCE NUMBER:  | Is this grievance an emergency?<br>¿Es ésta queja una emergencia?<br><input checked="" type="checkbox"/> YES* <input type="checkbox"/> NO   |   | COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT<br><b>INMATE GRIEVANCE FORM</b><br>See the back copy for instructions.<br>All grievances must be filed within 15 calendar days.<br>Grievances will be responded to within 15 days.<br>Appeals must be filed within 15 calendar days.<br>Only one grievance per form.<br>Solamente una queja por forma. |   |               |
|  | If this is a medical or mental health emergency or you are aware of a specific and immediate threat to your life/safety, notify custody personnel immediately.<br>Si ésta es una emergencia médica o de salud mental, o si tiene conocimiento de una amenaza específica e inmediata contra su vida/seguridad, notifique a un alguacil de inmediato. |   | Two TO L-T, O.I.G. T.I.A.L.   |   |               |
| INMATE NAME:   | NAME<br>NOMBRE  | BOOKING NUMBER<br>SU NÚMERO DE PRESO  | FACILITY<br>FACILIDAD   | HOUSING LOC.<br>LUGAR DE VIVIENDA   | DATE<br>FECHA |
|  | Korrell Santana Cole  | 6377706   | MCT   | 37/D/25   | 9/16/23       |
| I HAVE A GRIEVANCE ABOUT THE FOLLOWING:  |   |   |   |   |               |
| GENERAL SERVICES   |   | MEDICAL/MENTAL  |   | STAFF   |               |
| <input type="checkbox"/> Living conditions <input type="checkbox"/> Classification<br><input type="checkbox"/> Food <input type="checkbox"/> Telephone<br><input type="checkbox"/> Showers <input type="checkbox"/> Visiting<br><input type="checkbox"/> Property<br><input type="checkbox"/> Mail<br><input type="checkbox"/> Commissary/Account Balance<br><input type="checkbox"/> Clothing/Linen/Bedding<br><input type="checkbox"/> Educational/Vocational Programs<br><input type="checkbox"/> Other (explain below) |   | <input type="checkbox"/> Medical Services (Place in envelope)<br><input type="checkbox"/> Mental Health (Place in envelope)<br><input type="checkbox"/> Dental (Place in envelope)<br><input type="checkbox"/> Americans with Disabilities Act (ADA)<br><input type="checkbox"/> Other (explain below)<br>Please respond within 15 calendar days or final appeal will be filed. |   | <input checked="" type="checkbox"/> Custody Personnel<br><input type="checkbox"/> Medical Staff<br><input type="checkbox"/> Mental Health Staff<br><input type="checkbox"/> Other (explain below)<br>Optional (check only if applicable):<br><input checked="" type="checkbox"/> Use of force<br><input checked="" type="checkbox"/> Retaliation<br><input checked="" type="checkbox"/> Harassment<br><input checked="" type="checkbox"/> Racial or identity profiling<br>Specify the type(s) in your explanation. (please refer to the reverse side of the pink copy for more information) |               |
| PLEASE EXPLAIN THE SPECIFIC ISSUE OR DATE OF INCIDENT, AND THE ACTION REQUESTED:   |   |   |   |   |               |
| 9/14/23 10:00pm to 11:30pm MCT 3501 Stairwell 37/35<br>Employee TALENCIA retaliated against me for filing grievances against him by excessively tightening cuffs around my wrists then pushing me down at light of stairs. Based on previous statements by this guy, I believe this was also racially motivated. →<br>If needed, additional space is provided on the back of this page.  |   |   |   |   |               |
| <input type="checkbox"/> In the event I am released prior to the disposition of this grievance, I waive my right to receive a mailed notification of the resolution.<br><input checked="" type="checkbox"/> In the event I am released prior to the disposition of this grievance, I would like to receive a mailed notification of the resolution.<br>Mailing address: Chord L. Fornum City: State: ZIP: Phone: 442-957-326   |   |   |   |   |               |
| Attention: Conflict Resolution may be available and is voluntary for both the inmate and the involved personnel to address a grievance instead of the Department conducting a personnel investigation and determining a finding to resolve the grievance.  |   |   |   |   |               |
| Inmate's Signature: NO Response Received: KC   |   |   |   |   |               |

FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

|  |   |  |                                |  |           |
|--|---|--|--------------------------------|--|-----------|
| EMERGENCY GRIEVANCES ONLY  | Employee Receiving Grievance  |  | Employee #                     | Date and Time of Collection and Review |           |
|  |   |  |                                | TIME STAMP HERE                        |           |
|  | *Watch commander notified of emergency grievance  |  | Name                           | Employee #                             | Date/Time |
|  | This grievance <input type="checkbox"/> was <input type="checkbox"/> was not handled as an emergency. If not, please explain below.                                 |  |                                |  |           |
|  | Note: Any aspect of an emergency grievance determined to be non-emergent will be processed within the standard time frame.  |  |                                |  |           |
|  | If a disposition was rendered, please complete:   |  | BRIEF SUMMARY OF ACTIONS TAKEN |  |           |
|  | FINDINGS  | RELIEF   |                                |  |           |
|  | <input type="checkbox"/> SUSTAINED<br><input type="checkbox"/> SUSTAINED IN PART<br><input type="checkbox"/> NOT SUSTAINED<br><input type="checkbox"/> INCONCLUSIVE | <input type="checkbox"/> GRANTED<br><input type="checkbox"/> GRANTED IN PART<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> RELIEF UNAVAILABLE |                                |  |           |
| Full disposition shall be entered in the Custody Automated Report Tracking System (CARTS). |   |  |                                |  |           |
| Inmate was notified of disposition/status/modification by: (Supervisor), on (Date/Time).   |   |  |                                |  |           |
| Supervising Nurse Receiving Grievance  |   | Employee #   | Date and Time of Review        |  |           |
|  |   |  | TIME STAMP HERE                |  |           |

FRONT PART 2 (YELLOW COPY)



Personal Complaint under Pen Code Against  
Los Angeles County Sheriff's Department employee

① Korrell Santana Cole (Complainant).  
ID# 6397706 Emergency Complaint.  
441 Baughman St. Personal Complaint  
Los Angeles, CA 90012 against Deputy  
Prosecutor Necessity PALENCIA of  
Module 3700 "EM" Shift.

RE: Retaliation; Excessive Use of Force;  
Harassment; Conspiracy to Commit assault and  
Battery; Policy violation failure to properly  
escort handcuffed detainees; Racially Motivated  
Mistreatment, and Property theft/filing false report;  
deputy gang activity; Witness tampering.  
Facts:

On September 14<sup>th</sup>, 2023, at approximately  
2200 hours in the Los Angeles County Men's  
Central Jail, Module 3700, sworn employee  
PALENCIA became aggressive after I re-  
turned from the law library and unnecessarily  
placed me in handcuffs, adjusting the cuffs  
excessively tight, cutting off circulation in my  
hands. Palencia then forcibly forced me down  
a wet, metal staircase in handcuffs, intenti-  
onally causing me to fall, almost break my  
neck and sustain multiple other severe  
injuries to my person. PALENCIA then struck  
me in my chest area repeatedly as I lay help-



(2)

lessly on the wet concrete and stole my property bag containing legal papers I needed for my Court case. The paperwork was never returned to me; it disappeared. I genuinely believe Palencia attempted to murder me. Palencia's action, and inaction, almost resulted in my death and did result in my injuries.

I was transported on a gurney by the fire department to an outside hospital as I was temporarily handicapped, and had to wear a neck brace.

Immediately after the aforementioned incident, in an obvious attempt to cover up his misconduct, PALENIA wrote an extremely bizarre, false report, glibly claiming that the injuries were self-inflicted and that the injury I suffered was my fault, not his own fault — grossly mischaracterizing the incident through victim blaming. PALENIA threw ME down the stairs in handcuffs.

Palencia refused to even admit in his report any wrongdoing, such as neglecting his duty to properly escort me and leave my health and safety in a dark area. He clearly violated policy at the minimum.



③

The report PAHENCIA wrote triggered a psyche Evaluation and the psyche I spoke to quickly disagreed with PAHENCIA'S false claim and immediately cleared me for regular housing.

But Palencia's efforts to cover-up what he did didn't stop there: he actively enlisted numerous deputies, including but not limited to, Training Officers PINEDA BLAKE and PAHACTOS, Sergeant Clifford and Gonzalez, deputies Hernandez and Martinez, PAZ, Estrada and Zepeda; even Medical Staff to help Palencia cover-up what he did by mischaracterizing the incident as "Self-inflicted." Then, a day later on September 16, 2023, CA Gutierrez and Sergeant Rickell became part of the conspiracy to cover-up Palencia's misconduct by initiating a false disciplinary action which I had never been served, claiming the cell I'm living in is broken/out of order and I allegedly "refused to move." An incident that NEVER HAPPENED.

Now Sergeants are threatening to use force on me as part of a retaliatory attempt to transfer me to a different cell for PAHENCIA. Rickell refused appeal. The Code of Silence is truly real real.



4.

Backstory: less than a week before the Staircase incident, PALENCIA had threatened to handcuff me and deploy excessive ~~force~~ force against me and threatened to have me sent to a mental health unit in twin towers, proclaiming himself to be part of the biggest gang (deputy gang) in the State. Then he accessed my telephone records, and my account and maliciously changed my pin number and extracted numbers of my relatives to harass and intimidate me and my family. PALENCIA made derogatory racist statements about Black people also. He discriminates against Blacks. And PALENCIA Weaponizes Mental Health Staff. Therefore, I have filed multiple complaints against PALENCIA in the past for his misconduct, which IS EXACTLY why I perceive him forcing me down the stairs as retaliation. He has repeatedly tried to show his power and abuse his authority. But Supervisory Staff like Sgt. STEWART and FERNANDEZ refuse to respond to grievances concerning serious staff misconduct and refuse to even process or properly investigate complaints against staff. Instead they try to cover it up over the.



5

Throughout all of this, on September 14th & 15th 2023, Numerous deputies who work in the jail on 3000 floor repeatedly kept asking me "What happened?," and attempted to dissuade me from prosecuting a complaint against deputies and tried to get me to talk about the incident so they could mischaracterize and misphrase my statements to help protect and cover-up for Palencia. I repeatedly refused to discuss what happened with any jail staff and repeatedly told them that I did not feel comfortable speaking with them about this particular incident, and only spoke of unrelated issues such as sports, work, food and comedy. Deputies keep trying to coerce statements about the incident out of me and it is terrifying. I am in fear for my safety of PALENCIA, and other staff who have tried to help him cover-up his wrongdoing. The cover-up is always worse than the crime. Palencia has spun a web of lies. All of my jailhouse complaints have been ignored. The grievance process in the Los Angeles County Jail is futile and unavailable due to Sergeants who refuse to follow policy. Loyalty over integrity.



6  
1 Korrell Santana Cole Personnel Complaint  
2 ID# 6397706 For Conspiracy to  
3 441 Baugh St. Cover-up excessive  
4 Los Angeles, CA 90012 force by deputy  
5 Pro Se / In Necessity PALENCIA.  
6

7 The names of Staff I am aware of who  
8 participated in the Conspiracy to Cover-up  
9 PALENCIA'S Misconduct and protect the  
10 image of the L.A. Sheriff's Department:

11 Early Morning Shift:

12 3000+ Poor Training officers BLAKE, PALACIOS,  
13 PINEDA, MASUDA, HERNANDEZ, et al.

14 Sergeant who responded at 10:30pm (Clifford or  
15 C. Ver.) on 9/14/23, Sgt. GONZALEZ, SIMONOV,

16 Female deputy Martinez, Deputy Hernandez,  
17 Deputy Zepeda, Deputy Estrada, Deputy PAZ,

18 Deputy Huddleston, Deputy Gutierrez, SIMONOV.  
19 Sergeant RICKEN, & Custody assistant

20 GUTIERREZ, Sergeant FERNANDEZ, Sergeant  
21 STELTER, Sgt LARSON # 52396, YANG,

22 Medical Staff NICADERMO, GILDER-  
23 ON, et al. Among many other JOHN DOES.

24 They may attempt to destroy or alter the videos.  
25 All of the aforementioned Personnel are

26 Part of a Corrupt Conspiracy to obstruct  
27 justice on PALENCIA'S behalf; And guilty  
28 of grossly mischaracterizing this event.



(7)

Malicious Prosecution of false disciplinary action:  
Note: on 9/12/23, Blake & STELTER in 3000 floor hallway at  
for the record, 3700 Module training officer 10:00pm  
BLAKE conspired with PALENCIA and  
coached him when he wrote the false  
report claiming COLE'S cell is "Broken and  
out of order" and that Cole "refused to  
switch cell." That never happened. I  
never discussed anything regarding jail  
cells with PALENCIA. NEVER.  
I was never served with a "write-up" either.  
I have two witnesses and surveil-  
lance camera footage from September  
14, 2023 to prove what truly happened  
at 10:00pm that night on 3700 - Denver  
row. I returned from law library,  
changed the T.V. Channel and requested  
my Shower from PALENCIA when  
he suddenly became hostile and aggr-  
essive and ordered me to turn around  
to be handcuffed. Detainees ROBERT  
CAMOU and HARRY WALLACE saw  
and heard what truly was said.  
On 9/16/2023 at around 8:45 AM at 3700 - D-25,  
Sergeant RICKELL and CA GUTIERREZ  
Prosecuted a false disciplinary action  
than refused to hear my appeal in Ref.  
No.: 510020230915007 as part of a Conspiracy  
to cover-up excessive force and make  
it look like my behavior was "resistant."  
A False report to cover up misconduct.



(8.)

upon information, PALENCIA is already under investigation for unrelated instances of misconduct committed by him, and he is Blacklisted from working in certain areas of the jail for his behavior. A pattern and practice of Malicious Mischief. PALENCIA is not properly trained.

I declare to the best of my knowledge that the foregoing is true and correct.

Date: 9/16/2023

Korrell S. Cole

Write me at: #6397706, P.O. Box 86164, Los Angeles, CA 90086-0164

Note: Deputy SIMONOV filmed my injuries.

See Camera footage for Surveillance footage of 3501 top tier hallway / 3500 / 3700 top tier staircase on 9/14/2023 10:00pm to 11:30pm at Los Angeles County Meads Central Jail, 441 Baughman Street, Los Angeles, California. 9/14/23

I only consent to a conflict-free, unbiased person investigating this complaint objectively. Preferably, a disinterested party who does not work in the jail. And someone who is truly a person of integrity. Otherwise I will not discuss pending litigation.



#31

| Is this grievance an emergency?<br>¿Es ésta queja una emergencia?  |                                      | COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT  |                                   |   |  |
|--|--------------------------------------|---|-----------------------------------|---|--|
| <input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO   |                                      | INMATE GRIEVANCE FORM   |                                   |   |  |
| If this is a medical or mental health emergency or you are aware of a specific and immediate threat to your life/safety, notify custody personnel immediately.<br><br>Si ésta es una emergencia médica o de salud mental, o si tiene conocimiento de una amenaza específica e inmediata contra su vida/seguridad, notifique a un alguacil de inmediato.  |                                      | See the back copy for instructions.<br>All grievances must be filed within 15 calendar days.<br>Grievances will be responded to within 15 days.<br>Appeals must be filed within 15 calendar days.   |                                   |   |  |
|  |                                      | Only one grievance per form.<br>Solamente una queja por forma.  |                                   |   |  |
| NAME<br>NOMBRE   | BOOKING NUMBER<br>SU NÚMERO DE PRESO | FACILITY<br>FACILIDAD   | HOUSING LOC.<br>LUGAR DE VIVIENDA | DATE<br>FECHA   |  |
| Coley, K.  | 6397706                              | MCS   | 37/0/25                           | 9/1/23  |  |
| I HAVE A GRIEVANCE ABOUT THE FOLLOWING:  |                                      |   |                                   |   |  |
| GENERAL SERVICES   |                                      | MEDICAL/MENTAL  |                                   | STAFF   |  |
| <input type="checkbox"/> Living conditions<br><input type="checkbox"/> Food<br><input type="checkbox"/> Showers<br><input type="checkbox"/> Property<br><input type="checkbox"/> Mail<br><input type="checkbox"/> Commissary/Account Balance<br><input type="checkbox"/> Clothing/Linen/Bedding<br><input type="checkbox"/> Educational/Vocational Programs<br><input checked="" type="checkbox"/> Other (explain below)<br>Obstruction of Court telephone to access the Courts. |                                      | <input type="checkbox"/> Medical Services (Place in envelope)<br><input type="checkbox"/> Mental Health (Place in envelope)<br><input type="checkbox"/> Dental (Place in envelope)<br><input type="checkbox"/> Americans with Disabilities Act (ADA)<br><input type="checkbox"/> Other (explain below)<br>I uplit have outside agent file my grievance. |                                   | <input checked="" type="checkbox"/> Custody Personnel Employee<br><input type="checkbox"/> Medical Staff TALENCIA<br><input type="checkbox"/> Mental Health Staff<br><input type="checkbox"/> Other (explain below)<br>Optional (check only if applicable):<br><input type="checkbox"/> Use of force<br><input checked="" type="checkbox"/> Retaliation Stalking<br><input checked="" type="checkbox"/> Harassment Relatings.<br><input type="checkbox"/> Racial or identity profiling<br>Specify the type(s) in your explanation. (please refer to the reverse side of the pink copy for more information) |  |
| PLEASE EXPLAIN THE SPECIFIC ISSUE OR DATE OF INCIDENT, AND THE ACTION REQUESTED:   |                                      |   |                                   |   |  |
| DATE, TIME, DAY OF OCCURRENCE  |                                      | FACILITY OF OCCURRENCE  |                                   | LOCATION OF OCCURRENCE  |  |
| 9/9/2023 - 10:00 AM to 5:00 PM   |                                      | MCS   |                                   | 3700  |  |
| After I filed Multiple Complaints against TALENCIA for violating my rights and having a videotaped interview with Sgt. Bueno about his childish behavior, TALENCIA accessed my phone account & changed my pin code & extracted my phone. I need to stalk my family.  |                                      |   |                                   |   |  |
| <input type="checkbox"/> In the event I am released prior to the disposition of this grievance, I waive my right to receive a mailed notification of the resolution.<br><input checked="" type="checkbox"/> In the event I am released prior to the disposition of this grievance, I would like to receive a mailed notification of the resolution.<br>Mailing address Richard Hernandez State ZIP Phone (415) 955-1116  |                                      |   |                                   |   |  |
| <b>Attention:</b> Conflict Resolution may be available and is voluntary for both the inmate and the involved personnel to address a grievance instead of the Department conducting a personnel investigation and determining a finding to resolve the grievance.   |                                      |   |                                   |   |  |
| Inmate's Signature <input checked="" type="checkbox"/> No Signature  |                                      |   |                                   |   |  |

FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

| Employee Receiving Grievance  |   | Employee #                     | Date and Time of Collection and Review |
|---|---|--------------------------------|--|
|   |   |                                | TIME STAMP HERE                        |
| *Watch commander notified of emergency grievance. Name Employee # Date/Time   |   |                                |  |
| This grievance <input type="checkbox"/> was <input type="checkbox"/> was not handled as an emergency. If not, please explain below. |   |                                |  |
| <b>Note:</b> Any aspect of an emergency grievance determined to be non-emergent will be processed within the standard time frame.   |   |                                |  |
| If a disposition was rendered, please complete:   |   | BRIEF SUMMARY OF ACTIONS TAKEN |  |
| FINDINGS  | RELIEF                                      |                                |  |
| <input type="checkbox"/> SUSTAINED  | <input type="checkbox"/> GRANTED            |                                |  |
| <input type="checkbox"/> SUSTAINED IN PART  | <input type="checkbox"/> GRANTED IN PART    |                                |  |
| <input type="checkbox"/> NOT SUSTAINED  | <input type="checkbox"/> DENIED             |                                |  |
| <input type="checkbox"/> INCONCLUSIVE   | <input type="checkbox"/> RELIEF UNAVAILABLE |                                |  |
| Full disposition shall be entered in the Custody Automated Report Tracking System (CARTS).  |   |                                |  |
| Inmate was notified of disposition/status/modification by: (Supervisor), on (Date/Time).  |   |                                |  |
| Supervising Nurse Receiving Grievance   |   | Employee #                     | Date and Time of Review                |
|   |   |                                | TIME STAMP HERE                        |

FRONT PART 2 (YELLOW COPY)



**Only one request per form.**  
**Solamente una solicitud por forma.**

**REFERENCE NUMBER:**

**I AM REQUESTING (only one request per form):**

INMATE NAME:

Early this morning employee THERESA charged  
multiple gun rounds to get money. Theresa is  
obstructing proper access to these guns.  
I have reset my self police award  
1.2.11.  
I have notified governor, Huddleston & I have  
repeatedly only to be ignored. Huddleston & I have  
refused to provide questionnaire.

FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

TIME STAMP HERE

**FRONT PART 2 (PINK COPY)**



## COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT

## INMATE GRIEVANCE FORM

See the back copy for instructions.

All grievances must be filed within 15 calendar days.

Grievances will be responded to within 15 days.

Appeals must be filed within 15 calendar days.

Only one grievance per form.

Solamente una queja por forma.

Is this grievance an emergency?

¿Es ésta queja una emergencia?

YES

NO

If this is a medical or mental health emergency or you are aware of a specific and immediate threat to your life/safety, notify custody personnel immediately.

Si ésta es una emergencia médica o de salud mental, o si tiene conocimiento de una amenaza específica e inmediata contra su vida/seguridad, notifique a un alguacil de inmediato.

NAME

NOMBRE

BOOKING NUMBER

SU NÚMERO DE PRESO

FACILITY

FACILIDAD

HOUSING LOC.

LUGAR DE VIVIENDA

DATE

FECHA

Cole, Korrell, Sandra

6397706

MCT

37/0/25

8/8/23

## I HAVE A GRIEVANCE ABOUT THE FOLLOWING:

## GENERAL SERVICES

- ☐ Living conditions ☐ Classification  
☐ Food ☐ Telephone  
☐ Showers ☐ Visiting  
☐ Property  
☐ Mail  
☐ Commissary/Account Balance  
☐ Clothing/Linen/Bedding  
☐ Educational/Vocational Programs  
☐ Other (explain below)

## MEDICAL/MENTAL

- ☐ Medical Services (Place in envelope)  
☐ Mental Health (Place in envelope)  
☐ Dental (Place in envelope)  
☐ Americans with Disabilities Act (ADA)  
☐ Other (explain below)

## STAFF

- ☒ Custody Personnel 3700 Dep.  
☐ Medical Staff  
☐ Mental Health Staff  
☐ Other (explain below)

Optional (check only if applicable):

- ☒ Use of force Threats to  
☒ Retaliation Use excess  
☒ Harassment force.

☐ Racial or identity profiling  
 Specify the type(s) in your explanation.  
 (please refer to the reverse side of the pink copy for more information)

## PLEASE EXPLAIN THE SPECIFIC ISSUE OR DATE OF INCIDENT, AND THE ACTION REQUESTED:

8/7/23 1:00AM to 2:00AM

MCT

3700 - Denver row

15 retaliation for me filing Complaints against him for depriving me of (low) library access and slamming doors throughout the night. Employee PALENCIA threatened to handcuff me and use excessive force against my person. This is retaliation revenge plot.

☐ In the event I am released prior to the disposition of this grievance, I waive my right to receive a mailed notification of the resolution.

☐ In the event I am released prior to the disposition of this grievance, I would like to receive a mailed notification of the resolution.

Mailing address Attorney, Richard [illegible] City [illegible] State [illegible] ZIP [illegible] Phone 99125 7326

Attention: Conflict Resolution may be available and is voluntary for both the inmate and the involved personnel to address a grievance instead of the Department conducting a personnel investigation and determining a finding to resolve the grievance.

Inmate's Signature

X No RESISTANCE back. Unresolved.

## FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

| Employee Receiving Grievance  |   | Employee #                     | Date and Time of Collection and Review |
|---|---|--------------------------------|--|
|   |   |                                | TIME STAMP HERE                        |
| *Watch commander notified of emergency grievance: Name Employee # Date/Time   |   |                                |  |
| This grievance <input type="checkbox"/> was <input type="checkbox"/> was not handled as an emergency. If not, please explain below. |   |                                |  |
| Note: Any aspect of an emergency grievance determined to be non-emergent will be processed within the standard time frame.          |   |                                |  |
| If a disposition was rendered, please complete:   |   | BRIEF SUMMARY OF ACTIONS TAKEN |  |
| FINDINGS  | RELIEF                                      |                                |  |
| <input type="checkbox"/> SUSTAINED  | <input type="checkbox"/> GRANTED            |                                |  |
| <input type="checkbox"/> SUSTAINED IN PART  | <input type="checkbox"/> GRANTED IN PART    |                                |  |
| <input type="checkbox"/> NOT SUSTAINED  | <input type="checkbox"/> DENIED             |                                |  |
| <input type="checkbox"/> INCONCLUSIVE   | <input type="checkbox"/> RELIEF UNAVAILABLE |                                |  |
| Full disposition shall be entered in the Custody Automated Report Tracking System (CARTS).  |   |                                |  |
| Inmate was notified of disposition/status/modification by: (Supervisor), on (Date/Time).  |   |                                |  |
| Supervising Nurse Receiving Grievance   |   | Employee #                     | Date and Time of Review                |
|   |   |                                | TIME STAMP HERE                        |

FRONT PART 2 (YELLOW COPY)



#34

## COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT

## INMATE GRIEVANCE FORM

See the back copy for instructions.

All grievances must be filed within 15 calendar days.

Grievances will be responded to within 15 days.

Appeals must be filed within 15 calendar days.

Only one grievance per form.

Solamente una queja por forma.

Is this grievance an emergency?  
¿Es ésta queja una emergencia?

YES\*

NO

If this is a medical or mental health emergency or you are aware of a specific and immediate threat to your life/safety, notify custody personnel immediately.

Si ésta es una emergencia médica o de salud mental, o si tiene conocimiento de una amenaza específica e inmediata contra su vida/seguridad, notifique a un alguacil de inmediato.

NAME

NOMBRE

BOOKING NUMBER

SU NÚMERO DE PRESO

FACILITY

FACILIDAD

HOUSING LOC.

LUGAR DE VIVIENDA

DATE

FECHA

## I HAVE A GRIEVANCE ABOUT THE FOLLOWING:

## GENERAL SERVICES

- ☐ Living conditions ☐ Classification  
☐ Food ☐ Telephone  
☐ Showers ☐ Visiting  
☐ Property  
☐ Mail  
☐ Commissary/Account Balance  
☐ Clothing/Linen/Bedding  
☐ Educational/Vocational Programs  
☒ Other (explain below)

## MEDICAL/MENTAL

- ☐ Medical Services (Place in envelope)  
☐ Mental Health (Place in envelope)  
☐ Dental (Place in envelope)  
☐ Americans with Disabilities Act (ADA)  
☐ Other (explain below)

## STAFF

- ☒ Custody Personnel  
☐ Medical Staff  
☐ Mental Health Staff  
☐ Other (explain below)  
 Optional (check only if applicable):  
☐ Use of force  
☒ Retaliation  
☐ Harassment  
☐ Racial or identity profiling  
 Specify the type(s) in your explanation.  
 (please refer to the reverse side of the pink copy for more information)

## PLEASE EXPLAIN THE SPECIFIC ISSUE OR DATE OF INCIDENT, AND THE ACTION REQUESTED:

DATE, TIME, DAY OF OCCURRENCE

FACILITY OF OCCURRENCE

LOCATION OF OCCURRENCE

14/11/2023 10:00 AM, 14/11/2023, 14/11/2023  
 14/11/2023 10:00 AM, 14/11/2023, 14/11/2023  
 14/11/2023 10:00 AM, 14/11/2023, 14/11/2023  
 14/11/2023 10:00 AM, 14/11/2023, 14/11/2023  
 14/11/2023 10:00 AM, 14/11/2023, 14/11/2023

If needed, additional space is provided on the back of this page.

- ☐ In the event I am released prior to the disposition of this grievance, I waive my right to receive a mailed notification of the resolution.  
☐ In the event I am released prior to the disposition of this grievance, I would like to receive a mailed notification of the resolution.  
 Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Attention: Conflict Resolution may be available and is voluntary for both the inmate and the involved personnel to address a grievance instead of the Department conducting a personnel investigation and determining a finding to resolve the grievance.

Inmate's Signature

x

## FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

|  |   |   |  |
|--|---|---|--|
| Employee Receiving Grievance   |   | Employee #                                  | Date and Time of Collection and Review |
|  |   |   | TIME STAMP HERE                        |
| EMERGENCY GRIEVANCES ONLY  | *Watch commander notified of emergency grievance: Name _____ Employee # _____ Date/Time _____                                       |   |  |
|  | This grievance <input type="checkbox"/> was <input type="checkbox"/> was not handled as an emergency. If not, please explain below. |   |  |
|  | Note: Any aspect of an emergency grievance determined to be non-emergent will be processed within the standard time frame.          |   |  |
|  | If a disposition was rendered, please complete:   |   |  |
|  | FINDINGS  | BRIEF SUMMARY OF ACTIONS TAKEN              |  |
|  | <input type="checkbox"/> SUSTAINED  | <input type="checkbox"/> GRANTED            |  |
|  | <input type="checkbox"/> SUSTAINED IN PART  | <input type="checkbox"/> GRANTED IN PART    |  |
|  | <input type="checkbox"/> NOT SUSTAINED  | <input type="checkbox"/> DENIED             |  |
|  | <input type="checkbox"/> INCONCLUSIVE   | <input type="checkbox"/> RELIEF UNAVAILABLE |  |
|  | Full disposition shall be entered in the Custody Automated Report Tracking System (CARTS).  |   |  |
| Inmate was notified of disposition/status/modification by: _____ (Supervisor), on _____ (Date/Time). |   |   |  |
| Supervising Nurse Receiving Grievance  |   | Employee #                                  | Date and Time of Review                |
|  |   |   | TIME STAMP HERE                        |

FRONT PART 2 (YELLOW COPY)



#35

Is this grievance an emergency?  
¿Es esta queja una emergencia?

YES\* NO

If this is a medical or mental health emergency or you are aware of a specific and immediate threat to your life/safety, notify custody personnel immediately.

Si ésta es una emergencia médica o de salud mental, o si tiene conocimiento de una amenaza específica e inmediata contra su vida/seguridad, notifique a un alguacil de inmediato.

**COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT**  
**INMATE GRIEVANCE FORM**  
See the back copy for instructions.  
All grievances must be filed within 15 calendar days.  
Grievances will be responded to within 15 days.  
Appeals must be filed within 15 calendar days.  
Only one grievance per form.  
Solamente una queja por forma.

REFERENCE NUMBER:

NAME  
NOMBRE

BOOKING NUMBER  
SU NÚMERO DE PRESO

FACILITY  
FACILIDAD

HOUSING LOC.  
LUGAR DE VIVIENDA

DATE  
FECHA

Cola, K. Santana 6377106 MCT 3500-D-25 9/24/23

**I HAVE A GRIEVANCE ABOUT THE FOLLOWING:**

GENERAL SERVICES

☐ Living conditions ☐ Classification  
☐ Food ☐ Telephone  
☐ Showers ☐ Visiting  
☐ Property  
☐ Mail  
☐ Commissary/Account Balance  
☐ Clothing/Linen/Bedding  
☐ Educational/Vocational Programs  
☒ Other (explain below)  
Medication prescription  
Abuse of process

MEDICAL/MENTAL

☐ Medical Services (Place in envelope)  
☐ Mental Health (Place in envelope)  
☒ Dental (Place in envelope)  
☐ Americans with Disabilities Act (ADA)  
☐ Other (explain below)  
Ref. No. 51002003  
015007 written  
on 9/15/2023, on 9/16/23  
0:50AM in. claims report is true

STAFF

☒ Custody Personnel **PALENCIA**  
☐ Medical Staff  
☐ Mental Health Staff  
☐ Other (explain below)  
Optional (check only if applicable):  
☐ Use of force **Ref. No**  
☒ Retaliation  
☒ Harassment  
☐ Racial or identity profiling  
Specify the type(s) in your explanation.  
(please refer to the reverse side of the pink copy for more information)

**PLEASE EXPLAIN THE SPECIFIC ISSUE OR DATE OF INCIDENT, AND THE ACTION REQUESTED:**

DATE, TIME, DAY OF OCCURRENCE: 9/15/2023 appx. 2:00AM

FACILITY OF OCCURRENCE: MCT

LOCATION OF OCCURRENCE: 5700/3500

**PALENCIA** wrote a fabricated, false disciplinary report claiming that I refused to switch cells on 9/4/23, and that the door was allegedly "B/O" to cover up his placing handcuffs on me and using excessive force in an effort to justify his actions.

☒ In the event I am released prior to the disposition of this grievance, I waive my right to receive a mailed notification of the resolution.  
☐ In the event I am released prior to the disposition of this grievance, I would like to receive a mailed notification of the resolution.

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Attention:** Conflict Resolution may be available and is voluntary for both the inmate and the involved personnel to address a grievance instead of the Department conducting a personnel investigation and determining a finding to resolve the grievance.

Inmate's Signature **PALENCIA**

## FOR DEPARTMENT USE ONLY – DO NOT WRITE BELOW THIS LINE

| Employee Receiving Grievance  | Employee #                                  | Date and Time of Collection and Review |
|---|---|--|
|   |   |  |
| <b>EMERGENCY GRIEVANCES ONLY</b>  |   |  |
| *Watch commander notified of emergency grievance  |   |  |
| This grievance <input type="checkbox"/> was <input type="checkbox"/> was not handled as an emergency. If not, please explain below. |   |  |
| <b>Note:</b> Any aspect of an emergency grievance determined to be non-emergent will be processed within the standard time frame.   |   |  |
| If a disposition was rendered, please complete:   |   |  |
| FINDINGS  | RELIEF                                      | BRIEF SUMMARY OF ACTIONS TAKEN         |
| <input type="checkbox"/> SUSTAINED  | <input type="checkbox"/> GRANTED            |  |
| <input type="checkbox"/> SUSTAINED IN PART  | <input type="checkbox"/> GRANTED IN PART    |  |
| <input type="checkbox"/> NOT SUSTAINED  | <input type="checkbox"/> DENIED             |  |
| <input type="checkbox"/> INCONCLUSIVE   | <input type="checkbox"/> RELIEF UNAVAILABLE |  |
| Full disposition shall be entered in the Custody Automated Report Tracking System (CARTS).  |   |  |
| Inmate was notified of disposition/status/modification by: _____ (Supervisor), on _____ (Date/Time).                                |   |  |
| Supervising Nurse Receiving Grievance   | Employee #                                  | Date and Time of Review                |
|   |   |  |

FRONT PART 2 (YELLOW COPY)



4:36

|   |   |   |   |   |               |  |
|---|---|---|---|---|---------------|--|
| REFERENCE NUMBER:   | Is this grievance an emergency?<br>¿Es ésta queja una emergencia?<br>YES* NO  |   | COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT<br><b>INMATE GRIEVANCE FORM</b><br>See the back copy for instructions.<br>All grievances must be filed within 15 calendar days.<br>Grievances will be responded to within 15 days.<br>Appeals must be filed within 15 calendar days.<br>Only one grievance per form.<br>Solamente una queja por forma. |   |               |  |
|   | If this is a medical or mental health emergency or you are aware of a specific and immediate threat to your life/safety, notify custody personnel immediately.<br>Si ésta es una emergencia médica o de salud mental, o si tiene conocimiento de una amenaza específica e inmediata contra su vida/seguridad, notifique a un alguacil de inmediato. |   |   |   |               |  |
|   | NAME<br>NOMBRE  | BOOKING NUMBER<br>SU NÚMERO DE PRESO  | FACILITY<br>FACILIDAD   | HOUSING LOC.<br>LUGAR DE VIVIENDA   | DATE<br>FECHA |  |
|   | Cole, Korrell   | 6397706   | MCS   | 37/D/25   | 7/16/23       |  |
| I HAVE A GRIEVANCE ABOUT THE FOLLOWING:   |   |   |   |   |               |  |
| GENERAL SERVICES  |   | MEDICAL/MENTAL  |   | STAFF   |               |  |
| <input type="checkbox"/> Living conditions<br><input type="checkbox"/> Food<br><input type="checkbox"/> Showers<br><input type="checkbox"/> Property<br><input type="checkbox"/> Mail<br><input type="checkbox"/> Commissary/Account Balance<br><input type="checkbox"/> Clothing/Linen/Bedding<br><input type="checkbox"/> Educational/Vocational Programs<br><input type="checkbox"/> Other (explain below)<br>Arbitrage finding of |   | <input type="checkbox"/> Classification<br><input type="checkbox"/> Telephone<br><input type="checkbox"/> Visiting<br><input type="checkbox"/> Medical Services (Place in envelope)<br><input type="checkbox"/> Mental Health (Place in envelope)<br><input type="checkbox"/> Dental (Place in envelope)<br><input type="checkbox"/> Americans with Disabilities Act (ADA)<br><input type="checkbox"/> Other (explain below)<br>RE: 5100202309-15007 - unknown incident I never received writeup. |   | <input checked="" type="checkbox"/> Custody Personnel<br><input type="checkbox"/> Medical Staff<br><input type="checkbox"/> Mental Health Staff<br><input type="checkbox"/> Other (explain below)<br>Optional (check only if applicable):<br><input type="checkbox"/> Use of force<br><input checked="" type="checkbox"/> Retaliation<br><input checked="" type="checkbox"/> Harassment<br><input type="checkbox"/> Racial or identity profiling<br>Specify the type(s) in your explanation. (please refer to the reverse side of the pink copy for more information) |               |  |
| PLEASE EXPLAIN THE SPECIFIC ISSUE OR DATE OF INCIDENT, AND THE ACTION REQUESTED:  |   |   |   |   |               |  |
| 9/16/23 Appx. 8:30AM<br>Disciplinary hearing of GUTIERREZ & RICKELL refused to allow me to appeal an incident that never happened as part of a Conspiracy with Sergeants to retaliate against me. The appeal process should be available.   |   |   |   |   |               |  |
| In the event I am released prior to the disposition of this grievance, I waive my right to receive a mailed notification of the resolution.<br>In the event I am released prior to the disposition of this grievance, I would like to receive a mailed notification of the resolution.<br>Mailing address Richard L. Hoover State ZIP Phone 949-672-66  |   |   |   |   |               |  |
| Attention: Conflict Resolution may be available and is voluntary for both the inmate and the involved personnel to address a grievance instead of the Department conducting a personnel investigation and determining a finding to resolve the grievance.   |   |   |   |   |               |  |
| Inmate's Signature  |   |   |   |   |               |  |

FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

|   |   |                                |  |
|---|---|--------------------------------|--|
| Employee Receiving Grievance  |   | Employee #                     | Date and Time of Collection and Review |
| *Watch commander notified of emergency grievance  |   |                                |  |
| This grievance <input type="checkbox"/> was <input type="checkbox"/> was not handled as an emergency. If not, please explain below.<br>Note: Any aspect of an emergency grievance determined to be non-emergent will be processed within the standard time frame. |   |                                |  |
| If a disposition was rendered, please complete:   |   | BRIEF SUMMARY OF ACTIONS TAKEN |  |
| FINDINGS  | RELIEF                                      |                                |  |
| <input type="checkbox"/> SUSTAINED  | <input type="checkbox"/> GRANTED            |                                |  |
| <input type="checkbox"/> SUSTAINED IN PART  | <input type="checkbox"/> GRANTED IN PART    |                                |  |
| <input type="checkbox"/> NOT SUSTAINED  | <input type="checkbox"/> DENIED             |                                |  |
| <input type="checkbox"/> INCONCLUSIVE   | <input type="checkbox"/> RELIEF UNAVAILABLE |                                |  |
| Full disposition shall be entered in the Custody Automated Report Tracking System (CARTS).  |   |                                |  |
| Inmate was notified of disposition/status/modification by: (Supervisor), on (Date/Time).  |   |                                |  |
| Supervising Nurse Receiving Grievance   |   | Employee #                     | Date and Time of Review                |

FRONT PART 2 (YELLOW COPY)



INMATE NAME:

**EMERGENCY GRIEVANCES ONLY**



#38

| Is this grievance an emergency?<br>¿Es ésta queja una emergencia?   |                                      | COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT  |                                   |   |  |
|---|--------------------------------------|---|-----------------------------------|---|--|
| <input checked="" type="checkbox"/> YES* <input type="checkbox"/> NO  |                                      | <b>INMATE GRIEVANCE FORM</b><br>See the back copy for instructions.<br>All grievances must be filed within 15 calendar days.<br>Grievances will be responded to within 15 days.<br>Appeals must be filed within 15 calendar days.<br><b>Only one grievance per form.</b><br><b>Solamente una queja por forma.</b> |                                   |   |  |
| If this is a medical or mental health emergency or you are aware of a specific and immediate threat to your life/safety, notify custody personnel immediately.<br>Si ésta es una emergencia médica o de salud mental, o si tiene conocimiento de una amenaza específica e inmediata contra su vida/seguridad, notifique a un alguacil de inmediato.   |                                      | I have<br>Filed<br>TO<br>Watch<br>CAIDR.  |                                   |   |  |
| NAME<br>NOMBRE  | BOOKING NUMBER<br>SU NÚMERO DE PRESO | FACILITY<br>FACILIDAD   | HOUSING LOC.<br>LUGAR DE VIVIENDA | DATE<br>FECHA   |  |
| Cole, Korrell   | 6397706                              | MCJ   | 2000-05                           | 9/23/23   |  |
| I HAVE A GRIEVANCE ABOUT THE FOLLOWING:   |                                      |   |                                   |   |  |
| GENERAL SERVICES  |                                      | MEDICAL/MENTAL  |                                   | STAFF   |  |
| <input type="checkbox"/> Living conditions <input type="checkbox"/> Classification<br><input type="checkbox"/> Food <input type="checkbox"/> Telephone<br><input type="checkbox"/> Showers <input type="checkbox"/> Visiting<br><input type="checkbox"/> Property <input type="checkbox"/> Mail<br><input type="checkbox"/> Commissary/Account Balance<br><input type="checkbox"/> Clothing/Linen/Bedding<br><input type="checkbox"/> Educational/Vocational Programs<br><input type="checkbox"/> Other (explain below) |                                      | <input type="checkbox"/> Medical Services (Place in envelope)<br><input type="checkbox"/> Mental Health (Place in envelope)<br><input type="checkbox"/> Dental (Place in envelope)<br><input type="checkbox"/> Americans with Disabilities Act (ADA)<br><input type="checkbox"/> Other (explain below)            |                                   | <input checked="" type="checkbox"/> Custody Personnel <i>3rd shift</i><br><input type="checkbox"/> Medical Staff <i>STELTER</i><br><input type="checkbox"/> Mental Health Staff<br><input type="checkbox"/> Other (explain below) <i>#418</i><br>Optional (check only if applicable):<br><input type="checkbox"/> Use of force<br><input checked="" type="checkbox"/> Retaliation<br><input checked="" type="checkbox"/> Harassment<br><input checked="" type="checkbox"/> Racial or identity profiling<br>Specify the type(s) in your explanation.<br>(please refer to the reverse side of the pink copy for more information) |  |
| PLEASE EXPLAIN THE SPECIFIC ISSUE OR DATE OF INCIDENT, AND THE ACTION REQUESTED:  |                                      |   |                                   |   |  |
| DATE, TIME, DAY OF OCCURRENCE   |                                      | FACILITY OF OCCURRENCE  |                                   | LOCATION OF OCCURRENCE  |  |
| 9/10/23 11:00 AM  |                                      | MCJ   |                                   | 3700  |  |
| After 3 months repeatedly came out of custody and I had a mental health issue. I was not properly treated. I was not given the proper care. I was not given the proper food. I was not given the proper clothing. I was not given the proper bedding. I was not given the proper educational/vocational programs. I was not given the proper other (explain below).   |                                      |   |                                   |   |  |
| I request the continuation of my medical care. If needed, additional space is provided on the back of this page.  |                                      |   |                                   |   |  |
| <input type="checkbox"/> In the event I am released prior to the disposition of this grievance, I waive my right to receive a mailed notification of the resolution.<br><input checked="" type="checkbox"/> In the event I am released prior to the disposition of this grievance, I would like to receive a mailed notification of the resolution.<br>Mailing address <i>11111 1st St</i> City <i>MCJ</i> State <i>CA</i> ZIP <i>90001</i> Phone <i>(626) 441-1111</i>   |                                      |   |                                   |   |  |
| <b>Attention:</b> Conflict Resolution may be available and is voluntary for both the inmate and the involved personnel to address a grievance instead of the Department conducting a personnel investigation and determining a finding to resolve the grievance.  |                                      |   |                                   |   |  |
| Inmate's Signature <i>NO K. R. [Signature]</i>  |                                      |   |                                   |   |  |

## FOR DEPARTMENT USE ONLY – DO NOT WRITE BELOW THIS LINE

| Employee Receiving Grievance  |   | Employee #                     | Date and Time of Collection and Review |
|---|---|--------------------------------|--|
|   |   |                                | TIME STAMP HERE                        |
| *Watch commander notified of emergency grievance <i>Name</i> <i>Employee #</i> <i>Date/Time</i>                                     |   |                                |  |
| This grievance <input type="checkbox"/> was <input type="checkbox"/> was not handled as an emergency. If not, please explain below. |   |                                |  |
| <b>Note:</b> Any aspect of an emergency grievance determined to be non-emergent will be processed within the standard time frame.   |   |                                |  |
| If a disposition was rendered, please complete:   |   | BRIEF SUMMARY OF ACTIONS TAKEN |  |
| FINDINGS  | RELIEF                                      |                                |  |
| <input type="checkbox"/> SUSTAINED  | <input type="checkbox"/> GRANTED            |                                |  |
| <input type="checkbox"/> SUSTAINED IN PART  | <input type="checkbox"/> GRANTED IN PART    |                                |  |
| <input type="checkbox"/> NOT SUSTAINED  | <input type="checkbox"/> DENIED             |                                |  |
| <input type="checkbox"/> INCONCLUSIVE   | <input type="checkbox"/> RELIEF UNAVAILABLE |                                |  |
| Full disposition shall be entered in the Custody Automated Report Tracking System (CARTS).  |   |                                |  |
| Inmate was notified of disposition/status/modification by: _____ (Supervisor), on _____ (Date/Time).                                |   |                                |  |
| Supervising Nurse Receiving Grievance   |   | Employee #                     | Date and Time of Review                |
|   |   |                                | TIME STAMP HERE                        |

FRONT PART 2 (YELLOW COPY)



#39

|   |   |   |   |  |                       |  |                                   |  |               |  |
|---|---|---|---|--|-----------------------|--|-----------------------------------|--|---------------|--|
| REFERENCE NUMBER:   | Is this grievance an emergency?<br>¿Es ésta queja una emergencia?<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">YES*</div> <div style="border: 1px solid black; padding: 2px 5px;">NO</div> </div>   |   | <b>COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT</b><br><b>INMATE GRIEVANCE FORM</b><br>See the back copy for instructions.<br>All grievances must be filed within 15 calendar days.<br>Grievances will be responded to within 15 days.<br>Appeals must be filed within 15 calendar days.<br><b>Only one grievance per form.</b><br>Solamente una queja por forma. |  |                       |  |                                   |  |               |  |
|   | If this is a medical or mental health emergency or you are aware of a specific and immediate threat to your life/safety, notify custody personnel immediately.<br>Si ésta es una emergencia médica o de salud mental, o si tiene conocimiento de una amenaza específica e inmediata contra su vida/seguridad, notifique a un alguacil de inmediato. |   |   |  |                       |  |                                   |  |               |  |
|   | NAME<br>NOMBRE  |   | BOOKING NUMBER<br>SU NÚMERO DE PRESO  |  | FACILITY<br>FACILIDAD |  | HOUSING LOC.<br>LUGAR DE VIVIENDA |  | DATE<br>FECHA |  |
|   | Cole, K.  |   | 6097106   |  | MCS                   |  | 06-08                             |  | 11/12         |  |
|   | <b>I HAVE A GRIEVANCE ABOUT THE FOLLOWING:</b>  |   |   |  |                       |  |                                   |  |               |  |
| GENERAL SERVICES  |   | MEDICAL/MENTAL  |   |  |                       | STAFF  |                                   |  |               |  |
| <input type="checkbox"/> Living conditions<br><input type="checkbox"/> Food<br><input type="checkbox"/> Showers<br><input type="checkbox"/> Property<br><input type="checkbox"/> Mail<br><input type="checkbox"/> Commissary/Account Balance<br><input type="checkbox"/> Clothing/Linen/Bedding<br><input type="checkbox"/> Educational/Vocational Programs<br><input type="checkbox"/> Other (explain below) |   | <input checked="" type="checkbox"/> Medical Services (Place in envelope)<br><input type="checkbox"/> Mental Health (Place in envelope)<br><input type="checkbox"/> Dental (Place in envelope)<br><input type="checkbox"/> Americans with Disabilities Act (ADA)<br><input type="checkbox"/> Other (explain below) |   |  |                       | <input type="checkbox"/> Custody Personnel<br><input checked="" type="checkbox"/> Medical Staff<br><input type="checkbox"/> Mental Health Staff<br><input type="checkbox"/> Other (explain below)<br>Optional (check only if applicable):<br><input type="checkbox"/> Use of force<br><input type="checkbox"/> Retaliation<br><input type="checkbox"/> Harassment<br><input type="checkbox"/> Racial or identity profiling<br>Specify the type(s) in your explanation.<br>(please refer to the reverse side of the pink copy for more information) |                                   |  |               |  |
| <b>PLEASE EXPLAIN THE SPECIFIC ISSUE OR DATE OF INCIDENT, AND THE ACTION REQUESTED:</b>   |   |   |   |  |                       |  |                                   |  |               |  |
| DATE, TIME, DAY OF OCCURRENCE   |   |   | FACILITY OF OCCURRENCE  |  |                       | LOCATION OF OCCURRENCE   |                                   |  |               |  |
| 9/14/23   |   |   | MCS   |  |                       | 3700/MCS Medical Staff   |                                   |  |               |  |
| After arriving, Medical Staff requested to be removed from the facility of Medical Services and asked to be removed from the facility and keep the medical staff. The process was completed.  |   |   |   |  |                       |  |                                   |  |               |  |
| I want to be able to better understand the process.   |   |   |   |  |                       |  |                                   |  |               |  |
| If needed, additional space is provided on the back of this page.   |   |   |   |  |                       |  |                                   |  |               |  |
| <input checked="" type="checkbox"/> In the event I am released prior to the disposition of this grievance, I waive my right to receive a mailed notification of the resolution.   |   |   |   |  |                       |  |                                   |  |               |  |
| <input type="checkbox"/> In the event I am released prior to the disposition of this grievance, I would like to receive a mailed notification of the resolution.  |   |   |   |  |                       |  |                                   |  |               |  |
| Mailing address _____ City _____ State _____ ZIP _____ Phone ( ) _____  |   |   |   |  |                       |  |                                   |  |               |  |
| <b>Attention:</b> Conflict Resolution may be available and is voluntary for both the inmate and the involved personnel to address a grievance instead of the Department conducting a personnel investigation and determining a finding to resolve the grievance.  |   |   |   |  |                       |  |                                   |  |               |  |
| Inmate's Signature _____<br>x   |   |   |   |  |                       |  |                                   |  |               |  |

FOR DEPARTMENT USE ONLY – DO NOT WRITE BELOW THIS LINE

|                                       |   |            |  |  |  |
|---------------------------------------|---|------------|--|--|--|
| Employee Receiving Grievance          |   | Employee # |  | Date and Time of Collection and Review |  |
|                                       |   |            |  | TIME STAMP HERE                        |  |
| EMERGENCY GRIEVANCES ONLY             | *Watch commander notified of emergency grievance  |            |  |  |  |
|                                       | This grievance <input type="checkbox"/> was <input type="checkbox"/> was not handled as an emergency. If not, please explain below.                                 |            |  |  |  |
|                                       | <b>Note:</b> Any aspect of an emergency grievance determined to be non-emergent will be processed within the standard time frame.                                   |            |  |  |  |
|                                       | If a disposition was rendered, please complete:   |            |  |  |  |
|                                       | FINDINGS  |            | BRIEF SUMMARY OF ACTIONS TAKEN   |  |  |
|                                       | <input type="checkbox"/> SUSTAINED<br><input type="checkbox"/> SUSTAINED IN PART<br><input type="checkbox"/> NOT SUSTAINED<br><input type="checkbox"/> INCONCLUSIVE |            | <input type="checkbox"/> GRANTED<br><input type="checkbox"/> GRANTED IN PART<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> RELIEF UNAVAILABLE |  |  |
|                                       | Full disposition shall be entered in the Custody Automated Report Tracking System (CARTS).  |            |  |  |  |
|                                       | Inmate was notified of disposition/status/modification by: _____ (Supervisor), on _____ (Date/Time).  |            |  |  |  |
| Supervising Nurse Receiving Grievance |   | Employee # |  | Date and Time of Review                |  |
|                                       |   |            |  | TIME STAMP HERE                        |  |

FRONT PART 2 (YELLOW COPY)



## SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

|   |  |
|---|--|
| PEOPLE OF THE STATE OF CALIFORNIA<br>Plaintiff<br>VS.<br><br>KORREL COLE<br>Defendant | CASE NUMBER: BA436682                          |
|   | BOOKING NUMBER: 6397706                        |
|   | COURT LOCATION/ADDRESS:<br>210 N TEMPLE, Rm 35 |
|   | DEPARTMENT: 35                                 |

TO THE SHERIFF OF LOS ANGELES COUNTY AND TO MEDICAL SERVICES, LOS ANGELES COUNTY JAIL:

WHEREAS, the above-named defendant has moved this court for an order requiring a medical, dental or mental health examination and/or medical treatment,

NOW, THEREFORE, GOOD CAUSE APPEARING, IT IS ORDERED that the above-named defendant be given a:

☒ Medical Examination ☐ Dental Examination ☐ Mental Health Examination

The basis for this order is that:

☒ Defendant claims that he/she suffers from:  
BODILY INJURY, CHEST PAIN, SEIZURES, ASTHMA, WOUND  
INFECTION.

Evaluate, treat and/or medicate as appropriate.

☐ Defendant claims he/she has not been receiving his prescribed medications. Determine what medications, if any, have been prescribed, and, if medically appropriate, dispense or cause to be dispensed those medications. Defendant claims he/she has been prescribed: \_\_\_\_\_

Defendant's prescribing physician is: \_\_\_\_\_ M.D./D.O.

☐ Defendant appears to need a mental health evaluation. Evaluate, treat and/or medicate as appropriate.

☐ The Court DOES wish to be advised of the results on or before \_\_\_\_\_ (date).

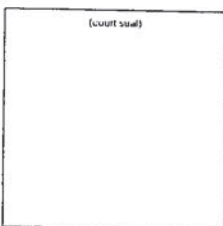
☐ The Court DOES NOT wish to be advised of the results.

☐ HIV/AIDS Testing (pursuant to 1202.1, 1202.6(c) PC, 199.96, 199.97, 199.99 H&S)

☐ HIV/AIDS Education Class to be completed on or before \_\_\_\_\_.

☐ The Court wishes to be advised of the results on or before \_\_\_\_\_.

☐ Results shall be returned to the court indicated above in an envelope marked "Confidential-Medical"



*Francis Bennett*

FRANCIS BENNETT  
JUDGE OF THE SUPERIOR COURT

Dated: Sept 27, 2023



# Will the L.A. Sheriff's Dept. finally be held accountable?

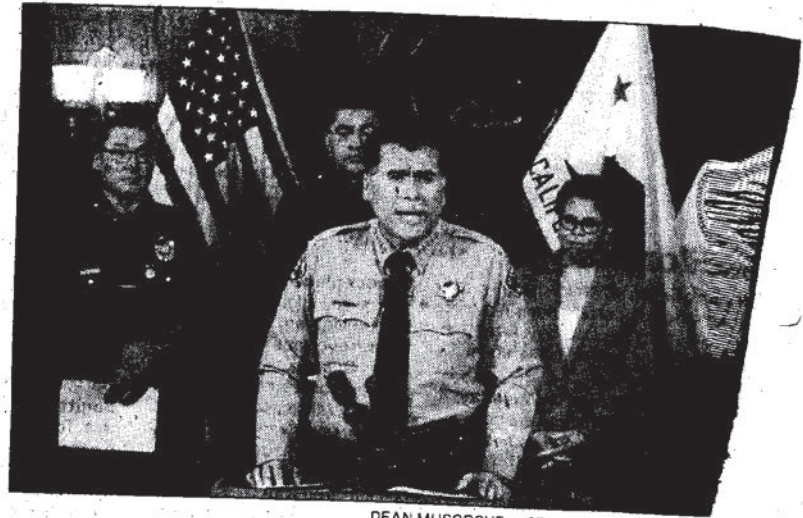
By Alex Busansky  
and Miriam Aron Krinsky

It's one thing to hear about excessive force incidents inflicted upon L.A. County jail residents at the hands of Sheriff's Department personnel. It's another thing to see them. Either way it's troubling, but recently released videos of blatant assaults on individuals in the county's care struck a more urgent chord.

Ten years ago, we were part of the Los Angeles County Citizens' Commission on Jail Violence (CCJV) charged with investigating and crafting recommendations to address the decades-long pattern by sheriff's deputies of excessive force in county jails. In the resulting report, commission members representing diverse perspectives coalesced around an important query: Will needed reforms be sustained over time, or fade once public attention recedes? Today, as these videos precipitate a new wave of public scrutiny, we unfortunately have our answer. So now we pose a more pointed question: Will the L.A. Sheriff's Department (LASD) finally be held accountable?

When people enter L.A. County jails, they should not have to worry about the risk of violence, especially at the hands of those charged with their care. While we saw occasional signs of progress over the last ten years, LASD has failed to fully implement the Commission's recommendations, including the culture change the 2012 report identified as vital to lasting reform. The recent videos highlight a persistent truth — that a meaningful commitment to safety, humane treatment, and accountability within LASD is long overdue, and that commitment must stand long after public scrutiny fades. Yet LASD's continued culture of dishonest reporting, lax oversight, and failure to discipline force violations remain — the very same concerns detailed in our 2012 findings.

The need for accountability is irrefutable, and the evidence is clear, thanks to the thorough reporting of court-appointed monitors established as a result of *Rosas vs. Baca*. Recent monitor reports identify the consistent use of head strikes, a dan-



DEAN MUSGROVE — STAFF PHOTOGRAPHER

Los Angeles County Sheriff Robert Luna speaks along side L.A. Mayor Karen Bass, right, on Aug. 17. The department has come under scrutiny lately, and some say its time for accountability.

gerous and potentially life-threatening tactic. Reports also reveal that when head strikes were reported, supervisors almost always conveniently deemed them within policy, therefore eroding the ability to enforce disciplinary measures. But perhaps most troubling are the numerous accounts of dishonest reporting about uses of force by deputies. Many supervisors fail to identify violations at all, rendering accountability impossible.

As improper force and dishonesty are normalized throughout the department, the numbers revealed through audits tell a different story. Out of a subset of 448 cases from the first six months of 2022, the sheriff's department found only three violations, representing a 1.7% out-of-policy rate. In contrast, from a subset of only 91 cases for the last six months of 2021 and the first six months of 2022, court-appointed monitors found a total of 30 violations of the force prevention policy representing a 32% out-of-policy rate, and 30 violations of the head strike policy out of 86 cases, a 35% out of policy rate. This huge disparity in reporting is telling.

LASD has sought to blame these failings on a lack of staff. But hiring more staff to "address" the excessive force problem will do nothing if those staff continue to be trained, supervised, and led in ways that only feed a long-troubled culture.

As the CCJV report noted years ago, what is needed isn't

rocket science — the right policies, the right accountability measures, and consistent enforcement of those measures. These recommendations still hold true.

First, high-level managers need to be held accountable, once and for all, for failing to address improper use of force incidents in jails. Second, LASD must establish and enforce a clearly communicated practice of zero tolerance for acts of dishonesty in reporting (as prior Sheriff McDonnell sought to do, even as those efforts were undermined by the Civil Service Commission and others).

Additionally, the department must consistently pursue and impose discipline for out-of-policy uses of force and false statements about use of force, and those personnel should not simply be moved to a different facility — relocation solves nothing. And lastly, high-level department leaders must actively discourage staff from participating in deputy "cliques" and avoid promoting or condoning a culture of harmful allegiances that are in tension with the mission of serving the public.

*Alex Busansky is president and founder of Impact Justice and served on the Los Angeles County Citizens' Commission on Jail Violence. Miriam Krinsky is Executive Director of Fair and Just Prosecution and served as Executive Director of the Commission on Jail Violence.*



EXHIBIT

B.



# CLAIMS FOR DAMAGES TO PERSON OR PROPERTY

COUNTY OF LOS ANGELES



## INSTRUCTIONS:

1. Read claim thoroughly.
2. Fill out claim as indicated; attach additional information if necessary.
3. Please use one claim form for each claimant.
4. Return this original signed claim and any attachments supporting your claim. This form must be signed.

DELIVER OR U.S. MAIL TO:  
EXECUTIVE OFFICER, BOARD OF SUPERVISORS, ATTENTION: CLAIMS  
500 WEST TEMPLE STREET, ROOM 383,  
KENNETH HAHN HALL OF ADMINISTRATION, LOS ANGELES, CA 90012  
(213) 974-1440

TIME STAMP  
OFFICE USE ONLY

2023 OCT 24 A 9:49

1. ☒ Mr. ☐ Ms. ☐ Mrs. LAST NAME FIRST NAME MI.  
COLE Korrell S.

2. ADDRESS OF CLAIMANT  
441 Barchet Street  
CITY Los Angeles STATE California ZIP CODE 90012  
HOME PHONE 714 403 4411 ALTERNATE PHONE 909 295 7326

3. CLAIMANT'S BIRTHDATE: 8/19/93 4. CLAIMANT'S SOCIAL SECURITY NUMBER: N/A

5. ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT:  
P.O. Box 86164 #6397706  
STREET CITY STATE ZIP CODE  
K. Cole, Los Angeles CA 90086

6. DATE AND TIME OF INCIDENT  
September 14, 2023 10:20 PM

7. WHERE DID DAMAGE OR INJURY OCCUR?  
Module 3801 top tier stairwell  
STREET CITY STATE ZIP CODE  
441 Barchet St. Los Angeles CA 90012

8. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED AND LIST DAMAGES  
(attach copies of receipts or repair estimates):  
SEE attached documents for details of how Claimant suffered severe bodily injury & emotional distress after malicious assault and battery.

9. WERE POLICE OR PARAMEDICS CALLED? YES ☒ NO ☐

10. IF YES, PROVIDE NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER, AND DATE OF FIRST VISIT FOR EACH  
L.A. Fire Department transport to L.A. Medical Hospital  
CHECK IF LIMITED CIVIL CASE ☐ ☒ Unsubstantiated charges

TOTAL DAMAGES TO DATE: 1,000,000.00 TOTAL ESTIMATED PROSPECTIVE DAMAGES: 1,000,000.00  
Altogether no less than:

10. WHY DO YOU CLAIM COUNTY IS RESPONSIBLE?  
The incident occurred on defective County property by a County employee under the guise of department Police created by a County agency who failed to properly train and supervise employees.

11. NAMES OF ANY COUNTY EMPLOYEES WHOSE NEGLIGENCE CAUSED OR CONTRIBUTED TO THE DAMAGE OR INJURY (List all persons and addresses of persons known to have information):  
John Doe - 10 Department 3700 PAINCIA L.A. Sheriff  
3rd MARTINEZ - L.A. Sheriff

12. WITNESSES TO DAMAGE OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION:  
Surveillance Camera footage for Module 3801 / 3700 / 3800 top tier hallway Staircase on September 14, 2023 10:18 PM to 11:35 PM. Videotape Keycard

13. IF PHYSICIANS WERE VISITED DUE TO INJURY, PROVIDE NAME, ADDRESS, PHONE NUMBER, AND DATE OF FIRST VISIT FOR EACH:  
DATE OF FIRST VISIT: 9/14/23 PHYSICIAN'S NAME: Unknown PHONE:   
STREET: L.A. Medical Hospital CITY: Los Angeles STATE: CA ZIP CODE: 90012  
DATE OF FIRST VISIT: 9/14/23 PHYSICIAN'S NAME: Unknown PHONE: N/A  
STREET:  CITY:  STATE:  ZIP CODE:

THIS CLAIM MUST BE SIGNED

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72)

CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN 6 MONTHS AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)

ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.3)

10. SIGNATURE OF CLAIMANT: Korrell Santana Cole DATE: 10/23/23  
11. SIGNATURE OF COUNTY EMPLOYEE OR OFFICIAL: Korrell Santana Cole DATE: 10/23/23



TRUST Account  
Statement Information:



RE: Obstruction of Justice / Retaliatory Discipline action by IAZ.

|   |   |                                      |   |                                   |  |  |
|---|---|--------------------------------------|---|-----------------------------------|--|--|
| REFERENCE NUMBER:   | <b>Is this grievance an emergency?</b><br>¿Es ésta queja una emergencia?  |                                      | <b>COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT</b>   |                                   |  |  |
|   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |                                      | <b>INMATE GRIEVANCE FORM</b>  |                                   |  |  |
|   | If this is a medical or mental health emergency or you are aware of a specific and immediate threat to your life/safety, notify custody personnel immediately.<br><br>Si ésta es una emergencia médica o de salud mental, o si tiene conocimiento de una amenaza específica e inmediata contra su vida/seguridad, notifique a un alguacil de inmediato.   |                                      | See the back copy for instructions.<br>All grievances must be filed within 15 calendar days.<br>Grievances will be responded to within 15 days.<br>Appeals must be filed within 15 calendar days.   |                                   |  |  |
|   |   |                                      | Only one grievance per form.<br>Solamente una queja por forma.  |                                   |  |  |
| INMATE NAME:  | NAME<br>NOMBRE  | BOOKING NUMBER<br>SU NÚMERO DE PRESO | FACILITY<br>FACILIDAD   | HOUSING LOC.<br>LUGAR DE VIVIENDA | DATE<br>FECHA  |  |
|   | Coley, Karrell  | 607746                               | MCI   | 30/0/23                           | 7/20/23  |  |
|   | <b>I HAVE A GRIEVANCE ABOUT THE FOLLOWING:</b>  |                                      |   |                                   |  |  |
|   | <b>GENERAL SERVICES</b><br><input type="checkbox"/> Living conditions <input type="checkbox"/> Classification<br><input type="checkbox"/> Food <input type="checkbox"/> Telephone<br><input type="checkbox"/> Showers <input type="checkbox"/> Visiting<br><input type="checkbox"/> Property<br><input type="checkbox"/> Mail<br><input type="checkbox"/> Commissary/Account Balance<br><input type="checkbox"/> Clothing/Linen/Bedding<br><input type="checkbox"/> Educational/Vocational Programs<br><input checked="" type="checkbox"/> Other (explain below)<br>Retaliation for speaking out against IAZ account statement. |                                      | <b>MEDICAL/MENTAL</b><br><input type="checkbox"/> Medical Services (Place in envelope)<br><input type="checkbox"/> Mental Health (Place in envelope)<br><input type="checkbox"/> Dental (Place in envelope)<br><input type="checkbox"/> Americans with Disabilities Act (ADA)<br><input type="checkbox"/> Other (explain below)<br>I previously filed a personnel complaint against IAZ for Sexual Assault. |                                   | <b>STAFF</b><br><input checked="" type="checkbox"/> Custody Personnel I.O. Pinech, IAZ, Palacios, Ibarra, Enríquez, et al.<br><input type="checkbox"/> Medical Staff<br><input type="checkbox"/> Mental Health Staff<br><input type="checkbox"/> Other (explain below)<br>Optional (check only if applicable):<br><input type="checkbox"/> Use of force<br><input checked="" type="checkbox"/> Retaliation<br><input type="checkbox"/> Harassment<br><input type="checkbox"/> Racial or identity profiling<br>Specify the type(s) in your explanation (please refer to the reverse side of the pink copy for more information) |  |
| <b>PLEASE EXPLAIN THE SPECIFIC ISSUE OR DATE OF INCIDENT, AND THE ACTION REQUESTED:</b>   |   |                                      |   |                                   |  |  |
| DATE, TIME, DAY OF OCCURRENCE: 7/22/23 - 11:00 AM FACILITY OF OCCURRENCE: MCI LOCATION OF OCCURRENCE: 30/0/23   |   |                                      |   |                                   |  |  |
| IAZ is actively obstructing justice in Federal Court by refusing to provide a signed true account statement that including a handwritten report of sexual assault. IAZ is actively obstructing justice by refusing to provide a signed true account statement that including a handwritten report of sexual assault.  |   |                                      |   |                                   |  |  |
| In the event I am released prior to the disposition of this grievance, I waive my right to receive a mailed notification of the resolution.<br><input checked="" type="checkbox"/> In the event I am released prior to the disposition of this grievance, I would like to receive a mailed notification of the resolution.<br>Mailing address: Richard Pineda City: State: ZIP: Phone: 910 245 1266 |   |                                      |   |                                   |  |  |
| <b>Attention:</b> Conflict Resolution may be available and is voluntary for both the inmate and the involved personnel to address a grievance instead of the Department conducting a personnel investigation and determining a finding to resolve the grievance.  |   |                                      |   |                                   |  |  |
| Inmate's Signature: X No Response needed  |   |                                      |   |                                   |  |  |

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE</b>                              |   |   |  |  |  |
| Employee Receiving Grievance   |   | Employee #                                  | Date and Time of Collection and Review   |  |  |
|  |   |   | TIME STAMP HERE                          |  |  |
| EMERGENCY GRIEVANCES ONLY  | *Watch commander notified of emergency grievance: Name Employee # Date/Time   |   |  |  |  |
|  | This grievance <input type="checkbox"/> was <input type="checkbox"/> was not handled as an emergency. If not, please explain below. |   |  |  |  |
|  | Note: Any aspect of an emergency grievance determined to be non-emergent will be processed within the standard time frame.          |   |  |  |  |
|  | If a disposition was rendered, please complete: BRIEF SUMMARY OF ACTIONS TAKEN  |   |  |  |  |
|  | FINDINGS  |   | RELIEF                                   |  |  |
|  | <input type="checkbox"/> SUSTAINED  |   | <input type="checkbox"/> GRANTED         |  |  |
|  | <input type="checkbox"/> SUSTAINED IN PART  |   | <input type="checkbox"/> GRANTED IN PART |  |  |
|  | <input type="checkbox"/> NOT SUSTAINED  |   | <input type="checkbox"/> DENIED          |  |  |
| <input type="checkbox"/> INCONCLUSIVE  |   | <input type="checkbox"/> RELIEF UNAVAILABLE |  |  |  |
| Full disposition shall be entered in the Custody Automated Report Tracking System (CARTS). |   |   |  |  |  |
| Inmate was notified of disposition/status/modification by: (Supervisor), on (Date/Time).   |   |   |  |  |  |
| Supervising Nurse Receiving Grievance  |   | Employee #                                  | Date and Time of Review                  |  |  |
|  |   |   | TIME STAMP HERE                          |  |  |



### PRISONER AUTHORIZATION

If my request to proceed without prepayment of filing fees is granted, I understand that I am required by statute to pay the full amount of the filing fees for this case, regardless of my forma pauperis status and the disposition of this case. I further authorize the prison officials at this institution to assess, collect and forward to the Court the full amount of these fees, in monthly payments based on the average of deposits to or balance in my prison trust account in accordance with 28 U.S.C. Section 1915.

Korrell Santana Cole  
Prisoner-Plaintiff (Signature)

### CERTIFICATE OF AUTHORIZED OFFICER

I hereby certify that the Prisoner-Plaintiff herein has credit in the sum of \$ 0.00 on account at the MEN'S CENTRAL JAIL institution where Prisoner-Plaintiff is confined.

I further certify that during the past six months the applicant's average monthly balance was \$ 70. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ 70.

A certified copy of the prisoner-plaintiff's trust account statement for the last six (6) months is attached.

Not available

11-21-23  
Date

Module 3300 Deputy PARRALLES Rebal to Sign.  
Authorized Officer of Institution (Signature)

11/21/23 APPX. 12:50AM

Pod: 3300 - C - H3



Warrell Santana Cole #6397706  
P.O. Box 86164  
Los Angeles, CA 90086-0164  
Self-represented litigant



LEGAL MAIL  
United States District Court  
Central District of California  
Office of The Clerk  
255 East Temple Street,  
Room 180  
Los Angeles, California 90012  
Official Business

L.A. COUNTY JAIL  
INMATE MAIL CORRESPONDENCE  
INMATES CENTRAL JAIL

12/5/2023 - per mailhouse rules  
of Court

LEGAL





